



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/23/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987020575

FACILITY NAME -> T V C LABORATORIES INC C/O CIT

MAILING ADDRESS -> 810 7TH AVE - 19TH FL
NEW YORK, NY 10019

INSTALLATION ADDRESS -> 311 W 43RD ST - 10TH & 11TH FL
NEW YORK, NY 10036

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: STERMER, DEBORAH
ASSIST V P
T V C LABORATORIES INC C/O CIT
810 7TH AVE - 19TH FL
NEW YORK, NY 10019

Please refer to the instructions for filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

11-10-92

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY0987020575

II. Name of Installation (include company and specific site name)

TVC LABORATORIES INC. C/O CIT

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

311 WEST FORTY-THIRD STREET

Street (continued)

TENTH AND ELEVENTH FLOORS

City or Town

NEW YORK

State

ZIP Code

NY 10036-

County Code County Name

NEW YORK

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

810 SEVENTH AVENUE 19th FL

City or Town

NEW YORK

State

ZIP Code

NY 10019-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

STERMER

(first)

DEBORAH

Job Title

ASSISTANT V.P.

Phone Number (area code and number)

212-974-7400

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

810 SEVENTH AVENUE

City or Town

NEW YORK

State

ZIP Code

NY 10019-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

(SECURED PARTY)

The CIT Group/Credit Finance

Street, P.O. Box, or Route Number

(AS SECURED PARTY)

810 SEVENTH AVENUE

City or Town

NEW YORK

State

ZIP Code

NY 10019-

Phone Number (area code and number)

212-974-7400

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify: _____		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Deborah Stermer

Name and Official Title (type or print)

Assistant Vice President

Date Signed

11/9/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

The telephone number for the RCRIS company listed on the envelope was disconnected, out of service or issued to a new company at a different location. The RCRIS company was not listed in Switchboard Internet address finder and no listing was found through the telephone directory assistance. The D & B address search provided wrong leads.

-This file was already removed from database

NCY FORM

Information from RCRIS

Facility Name: TVC Laboratories Inc.
 Facility EPA ID Number: NYD-987020575
 Facility Address: 810 7th Ave 19th Floor
 City: New York St: NY Zip: 10019
 Mailing Address: _____
 City: _____ St: _____ Zip: _____
 Facility Contact: _____ Phone: _____
 Owner/Operator: _____
 SIC Code(s): _____
 Waste Codes: _____
 Generator Status (LQG/SQG) _____
 Other: file no longer in database
DBB provided no leads
wrong #

New Information (make change to "E" record only)

Facility Name: _____
 Facility EPA ID Number: _____
 Facility Address: _____
 City: _____ St: _____ Zip: _____
 Mailing Address: _____
 City: _____ St: _____ Zip: _____
 Facility Contact: _____ Phone: _____
 Owner/Operator: _____
 SIC Code(s): _____
 Waste Codes: _____
 Generator Status (LQG/SQG) _____
 Other: _____

In response to this request, please modify RCRIS Handler Notification Data for the following:
General Generator Information:

Facility Name
Facility Address
Facility Contact
SIC Code(s)
Other

EPA ID Number
Mailing Address
Phone
Waste Code(s)

Contact: _____ Phone: _____

Effective Date of Change: _____

Add/Change Generator Status Codes:

C	#	
	1	conditionally exempt Small Quantity Generator
	2	Definitionally Excluded Wastes
	3	Delisted Wastes
	4	One-time Hazardous Waste Generator
	5	Periodic Hazardous Waste Generator

C	#	
	6	No longer Generates HW; Still in Business
	7	No longer Generates HW; Out of Business
	8	Never Generated Hazardous Waste
	9	ID Number to Transport Non-Hazardous Waste
	1	Regulated Under Another ID
	0	Number(s) (list below)

Date _____